

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10/518044</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 15%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing			\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND		\$ 100																																																			
8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">03--1952</span>		9																																																			
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____																																																					
11 REFUND REQUESTED BY: _____																																																					
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>																																																			
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 x 21</u>																																																			
OFFICE: <u>PCT DO/EO</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*